



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
STATE BOARD OF BARBER EXAMINERS
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1148
(615) 741-2294 Fax: (615) 741-1310
Website: <http://www.tn.gov/commerce/boards/barber/>

File# _____
Xact# _____
Inspector: _____
Date Assigned: _____
For official use only

Step 1

Select Type of Application:

- ☐ INITIAL APPLICATION
☐ CHANGE OF OWNERSHIP
☐ CHANGE OF LOCATION
☐ NAME CHANGE ONLY

Fees:

Initial Shop:.....\$150.00
Change of Ownership:.....\$150.00
Change of Location:.....\$150.00
Name Change Only:.....\$10.00
***Shop license will expire two (2) years
from original license approval date**

Step 2

Salon/Shop Name _____ Business Phone (____) _____

Current Salon/Shop Address

Street

City

County

Zip

Date Shop will be *Ready* for Inspection _____ *Email Address: _____

*Future inspection grade sheets and Board correspondence will be sent to your email address unless you specify otherwise.

Business Owner(s):

Address _____ City _____ Zip _____

Home Phone (____) _____ *Email: _____

Manager:

Address _____ City _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

License ID Number _____ Expiration of License _____

For Change of Ownership Only:

Former Owner: _____
Former *Shop* License ID Number: _____

For Change of Location Only:

Former Shop Address: _____

For Change of Name Only:

Former Shop Name: _____

New shops, change of ownership and change of location must pass initial inspection before opening for business.

This form must be signed

State of Tennessee:

I hereby swear or affirm that the statements on this form are true and accurate to the best of my knowledge and belief.

Signature of Applicant